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	ON FOR UTILIT		ttorney Docket Num							
DESIGN PATENT APPLICATION			First Named Inventor C			hristophe de ROMEUF				
			COMPLETE IF KNOWN							
(37	CFR 1.63)	A	pplication Number							
Declaration Submitted with Initial O Filing	Declaration		iling Date							
	Submitted after Initia R Filing (surcharge	ge G	roup Art Unit							
	(37 CFR 1.16 (e)) required)		xaminer Name							
As a below named	As a below named inventor, I hereby declare that:									
My residence, mailing	address, and citizensh	p are as state	d below next to my nam	ne.						
I believe I am an origi invention entitled:	nal and first inventor of	the subject ma	atter which is claimed ar	nd for whi	ch a pa	tent is sough	nt on the			
NOVEL IGG3 ANTIBODIES FOR STIMULATING PHAGOCYTOSIS										
(Title of the Invention) the specification of which										
is attached hereto										
OR										
X was filed on	(MM/DD/YYYY)	10/18/2004		Application	on Nun	nber or PC1	internationa 1	aı		
Application No.	PCT/FR2004/0026		as amended on DD/YYYY)				(if applical	ble).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Countr	у	Foreign Filing Date (MM/DD/YYYY)			Certified Copy Attached?				
0312087	FRAN	CE	10/16/2003							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										

DECLARATION — Utility or Design Patent Application									
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 000530									
Direct all correspondence to: X Customer Number or Bar Code Label			000530			OR	Correspondence address below		
Name									
Address									
City				State			ZIP		
Country		Telephone					Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor						filed for this unsigned inventor			
Given Name (first and midd	le [if any])	Christophe			Family Name or Surname		De ROMEUF		
Inventor's Signature					Date 02.0 (.0 6				
Residence: City: LILLE		State	Country: FRANCE			Citizenship: French			
Mailing Address: 116, rue de la Bassée; 59000 LILLE - FRANCE 14. Ave. A. COURBET 59130 CAMBERSART									
	City: CAMBERSART		State ZIP: 59000 59		Cou FR		puntry : RANCE		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])		Sylvie			Family Name or Surname		JORIEUX		
Inventor's Signature			3			Date	29.05.06		
Residence: City: VILLENEUVE D'ASCQ		State	Country: FRANCE		Citizenship: French				
Mailing Address: 17, rue Molière 59650 VILLENEUVE D'ASCQ - FRANCE									
City: VILLENEUVE D'ASCQ		State	ZIP: 59650			Country: FRANCE			
X Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Please type a plus sign (+) inside this box --Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. ADDITIONAL INVENTOR(S) DECLARATION Supplemental Sheet Page A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Family Name or Surname Given Name (first and middle (if any)) **BOUREL** Dominique Inventor's Date 24/04/06 Signature Citizenship: Country: Residence: City: LA MADELEINE FRANCE French Mailing 35, avenue Germaine, 59110 LA MADELEINE - FRANCE Address: Country: **Zip**: 59110 City: LA MADELEINE State FRANCE Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Family Name or Surname Given Name (first and middle (if any)) **KLEIN Philippe** Inventor's 01106106 Date Signature Citizenship: Country Residence: City State French LILLE Mailing 6, rue Corbet 59000 LILLE - FRANCE Address: Country FRANCE City: State 59000 A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Family Name or Surname Given Name (first and middle (if any)) **BIHOREAU Nicolas** April 2006 Inventor's Date Of Signature State Country: Citizenship: Residence: City French ORSAY Mailing 36, avenue Parrat 91400 ORSAY - FRANCE Address: Country: Zip: City: ORSAY 91400 FRANCE A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Family Name or Surname Given Name (first and middle (if any)) Inventor's Date Signature Citizenship Country Residence: City State

Country

Zip

State

Mailing Address:

City